

8/20/00

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MD</i>	<i>6782</i>	<i>7/16/00</i>
O.I.P.E. CLASSIFIER		<i>48</i>	<i>7/20/00</i>
FORMALITY REVIEW	<i>SMH</i>	<i>854</i>	<i>8-22-00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

- ✓ ..... Rejected
- = ..... Allowed
- (Through numeral)... Canceled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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